

Number of participants and mean (SD) risk in four year predicted risk categories based on coronary heart disease risk appraisal models from the Framingham study published in 1991¹ and 2000⁴

1991 models		2000 models: risk category*								
Risk category*	Mean (SD)	<2	≥2, <4	≥4, <6	≥6, <8	≥8, <10	≥10	All	%	
Men										
Mean (SD)	N/A	1.2 (0.43)	2.9 (0.58)	4.5 (0.29)	5.5 (0.30)	6.9 (0.55)	8.9 (0.58)	15.8 (6.57)	4.4 (4.53)	N/A
<2	1.0 (0.52)	812	61	0	0	0	0	0	873	34.0
≥2, <4	3.0 (0.58)	74	504	21	1	0	0	0	600	23.3
≥4, <6	4.5 (0.29)	0	118	57	12	5	0	0	192	7.5
≥6, <8	5.5 (0.29)	0	53	76	53	15	0	0	197	7.7
≥8, <10	6.9 (0.56)	0	0	53	77	89	20	2	241	9.4
≥10	9.0 (0.55)	0	0	0	14	108	41	14	177	6.9
All	13.9 (3.86)	0	0	0	0	21	70	200	291	11.3
All	4.6 (4.31)	886	736	207	157	238	131	216	2571	100
%	N/A	34.5	28.6	8.0	6.1	9.3	5.1	8.4	100	N/A
Women										
Mean (SD)	N/A	0.8 (0.53)	2.8 (0.57)	4.5 (0.27)	5.5 (0.30)	6.8 (0.57)	8.9 (0.51)	13.9 (2.81)	1.8 (2.01)	N/A
<2	0.7 (0.56)	1831	125	4	2	2	0	0	1964	66.6
≥2, <4	2.8 (0.56)	228	294	34	10	3	0	0	569	19.3
≥4, <6	4.5 (0.28)	9	102	27	12	7	0	1	158	5.4
≥6, <8	5.4 (0.29)	2	37	17	13	4	1	0	74	2.5
≥8, <10	6.8 (0.56)	1	17	29	23	27	6	2	105	3.6
≥10	8.8 (0.60)	0	1	6	7	9	9	6	38	1.3
All	12.3 (1.92)	0	1	0	3	9	10	16	39	1.3
All	1.9 (2.25)	2071	577	117	70	61	26	25	2947	100
%	N/A	70.3	19.6	4.0	2.4	2.1	0.9	0.8	100	N/A

Weighted \times (95% CI): men 0.83 (0.82 to 0.84); women 0.67 (0.65 to 0.69). N/A=not applicable. *Number of coronary heart disease events per 100 population.

Our study confirms that risk of coronary disease in Britain is high. On the basis of the 1991 risk appraisal models, approximately 32% of men and 7% of women aged 35-74 in England are at $\geq 15\%$ risk of developing heart disease in the next 10 years. The 2000 models give figures for a four year risk $\geq 5\%$ of 29% for men and 6% for women. Although only 1-2% of men and women ineligible for drug treatment under current criteria would be eligible if the 2000 models were used, 20% of men and 43% of women currently recommended drug treatment would not be eligible if their four year risk based on the updated models was used. Sensitivity and specificity for the 1991 risk appraisal models would be 97.6% and 90.0% for men and 79.7% and 96.0% for women, considering the updated models to provide the most up to date assessment of coronary disease risk for asymptomatic men and women. Although thresholds for drug treatment are somewhat arbitrary and depend to a large degree on the resources available, we recommend that these findings are taken into account when guidelines for coronary heart disease prevention are updated in accordance with emerging scientific evidence for statin treatment and management of mild hypertension.

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Contributors: KN devised this study and drafted the manuscript of the paper, JD undertook the statistical analyses, and all authors contributed to writing the paper. KN will act as guarantor.

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Competing interests: None declared.

1 British Cardiac Society, British Hyperlipidaemia Association, British Hypertension Society, British Diabetic Association. Joint British recommendations on prevention of coronary heart disease in clinical practice. *Heart* 1998;80:S1-29.

- Ramsay LE, Williams B, Johnston DG, MacGregor GA, Poston L, Potter JF, et al. British Hypertension Society guidelines for hypertension management 1999: summary. *BMJ* 1999;319:630-5.
- Anderson KM, Wilson PWF, Odell PM, Kannel WB. An updated coronary risk factor profile: a statement for health professionals. *Circulation* 1991;83:356-62.
- D'Agostino RB, Russell MW, Huse DM, Ellison G, Silbershatz H, Wilson PW, et al. Primary and subsequent coronary risk appraisal: new results from the Framingham study. *Am Heart J* 2000;139:272-81.
- Erens B, Primatesta P. *Health survey for England, 1998* [computer file]. 2nd ed. Colchester, Essex: The Data Archive [distributor], 2000. [SN: 4150.] (Accepted 13 March 2002)

Corrections and clarifications

Minerva

A keyboard slip seems to have accounted for Minerva attributing a study to a US rather than UK hospital (20 April, p 986). The study was about physical illness in patients referred to psychiatric clinics and was reported in *Acta Psychiatrica Scandinavica*.

Science, medicine, and the future: New vaccine development

Because of an editorial oversight (mistaking one competing interest form for another), this article by Gregory A Poland and colleagues (1 June, pp 1315-9) did not include Dr Poland's declaration that he had performed a trial of a DNA vaccine funded by Powderject Vaccines.

Unexplained differences in sex ratios at birth in Europe and North America

In the table accompanying this Research Pointer by Victor Grech and colleagues (27 April, pp 1010-1), readers may have been surprised to see that Denmark and Finland seemed to have exactly the same numbers of female and total live births. This was in fact an error, which arose during editing and was not picked up on the proofs. The figures for Finland were correct, but for Denmark the number of female live births are 1 588 490 and total live births 3 269 412.

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